



### Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

### Eligibility

To be eligible for this plan:

- You must be an active employee of the City of Boulder, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- You must be regularly working at least 20 hours each week
- *Your spouse or children must not be full-time members of the armed forces of any country*

### Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$300,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount of Additional Life in excess of \$120,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval. However, during the one time 2007 Open Enrollment period, employees who were eligible but are currently not enrolled in the plan can elect Additional Life up to the guarantee issue amount without submitting medical evidence. Employees who are currently enrolled in the plan can also elect to increase their coverage up to the guarantee issue amount without submitting medical evidence.

Dependents Life Insurance from Standard Insurance Company is also included in this plan.

### Spouse Coverage Amount

This coverage is available in units of \$10,000 to a maximum of \$300,000, but not to exceed 100 percent of your Additional Life coverage.

If you elect an amount for your *spouse* greater than \$20,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

However, during the one time 2007 Open Enrollment period, spouses who were eligible but are currently not enrolled in the plan can elect Spouse Life up to the guarantee issue amount without submitting medical evidence. Spouses who are currently enrolled in the plan can also elect to increase their coverage up to the guarantee issue amount without submitting medical evidence.

### Coverage Amount for Children

You may elect \$2,500, \$5,000, \$7,500 or \$10,000 of Dependents Life Insurance for your eligible *children*. This amount may not exceed 100 percent of your Additional Life coverage. All late applications will be subject to medical underwriting approval.

**Employee Rates**

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Age (as of January 1 <sup>st</sup> )	Rate (Per \$1000 of Total Coverage)
<30	\$0.068
30-34	\$0.068
35-39	\$0.095
40-44	\$0.146
45-49	\$0.228
50-54	\$0.356
55-59	\$0.619
60-64	\$0.689
65-69	\$1.169
70-74	\$2.079
75+	\$7.884

To calculate your premium:

1. Amount Elected (Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form.) Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select Rate (from chart). Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 4 for additional information pertaining to rate calculations. Line 4: \_\_\_\_\_

**Spouse Rates**

If you elect Additional Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1 <sup>st</sup> )	Rate (Per \$1000 of Total Coverage)
<30	\$0.068
30-34	\$0.068
35-39	\$0.095
40-44	\$0.146
45-49	\$0.228
50-54	\$0.356
55-59	\$0.619
60-64	\$0.689
65-69	\$1.169
70-74	\$2.079
75+	\$7.884

To calculate the premium for your spouse:

1. Amount Elected (Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form.): Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select Rate (from chart). Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 5 for additional information pertaining to rate calculations. Line 4: \_\_\_\_\_

**Child(ren) Rates:**

Monthly rate is indicated in the table below. Rate is per member regardless of the number of eligible children covered.

Coverage Amount	Rate
\$2,500	\$0.50
\$5,000	\$1.00
\$7,500	\$1.50
\$10,000	\$2.00

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance including Dependents Life Insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces to 50 percent at age 70. If you or your spouse are age 70 or over, ask your human resources representative for the amount of coverage available.

### Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

### Waiver of Premium Provision

The Standard may continue your Life Insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory proof of *loss*

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

### When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life Insurance ends
- The date Dependents Life Insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life Insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life Insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse* the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

### Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

## Employee Semi-Monthly Rates

Coverage Amount	Employee Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	0.34	0.34	0.48	0.73	1.14	1.78	3.10	3.45	5.85	5.20	19.71
\$20,000	0.68	0.68	0.95	1.46	2.28	3.56	6.19	6.89	11.69	10.40	39.42
\$30,000	1.02	1.02	1.43	2.19	3.42	5.34	9.29	10.34	17.54	15.59	59.13
\$40,000	1.36	1.36	1.90	2.92	4.56	7.12	12.38	13.78	23.38	20.79	78.84
\$50,000	1.70	1.70	2.38	3.65	5.70	8.90	15.48	17.23	29.23	25.99	98.55
\$60,000	2.04	2.04	2.85	4.38	6.84	10.68	18.57	20.67	35.07	31.19	118.26
\$70,000	2.38	2.38	3.33	5.11	7.98	12.46	21.67	24.12	40.92	36.38	137.97
\$80,000	2.72	2.72	3.80	5.84	9.12	14.24	24.76	27.56	46.76	41.58	157.68
\$90,000	3.06	3.06	4.28	6.57	10.26	16.02	27.86	31.01	52.61	46.78	177.39
\$100,000	3.40	3.40	4.75	7.30	11.40	17.80	30.95	34.45	58.45	51.98	197.10
\$110,000	3.74	3.74	5.23	8.03	12.54	19.58	34.05	37.90	64.30	57.17	216.81
\$120,000	4.08	4.08	5.70	8.76	13.68	21.36	37.14	41.34	70.14	62.37	236.52
\$130,000	4.42	4.42	6.18	9.49	14.82	23.14	40.24	44.79	75.99	67.57	256.23
\$140,000	4.76	4.76	6.65	10.22	15.96	24.92	43.33	48.23	81.83	72.77	275.94
\$150,000	5.10	5.10	7.13	10.95	17.10	26.70	46.43	51.68	87.68	77.96	295.65
\$160,000	5.44	5.44	7.60	11.68	18.24	28.48	49.52	55.12	93.52	83.16	315.36
\$170,000	5.78	5.78	8.08	12.41	19.38	30.26	52.62	58.57	99.37	88.36	335.07
\$180,000	6.12	6.12	8.55	13.14	20.52	32.04	55.71	62.01	105.21	93.56	354.78
\$190,000	6.46	6.46	9.03	13.87	21.66	33.82	58.81	65.46	111.06	98.75	374.49
\$200,000	6.80	6.80	9.50	14.60	22.80	35.60	61.90	68.90	116.90	103.95	394.20
\$210,000	7.14	7.14	9.98	15.33	23.94	37.38	65.00	72.35	122.75	109.15	413.91
\$220,000	7.48	7.48	10.45	16.06	25.08	39.16	68.09	75.79	128.59	114.35	433.62
\$230,000	7.82	7.82	10.93	16.79	26.22	40.94	71.19	79.24	134.44	119.54	453.33
\$240,000	8.16	8.16	11.40	17.52	27.36	42.72	74.28	82.68	140.28	124.74	473.04
\$250,000	8.50	8.50	11.88	18.25	28.50	44.50	77.38	86.13	146.13	129.94	492.75
\$260,000	8.84	8.84	12.35	18.98	29.64	46.28	80.47	89.57	151.97	135.14	512.46
\$270,000	9.18	9.18	12.83	19.71	30.78	48.06	83.57	93.02	157.82	140.33	532.17
\$280,000	9.52	9.52	13.30	20.44	31.92	49.84	86.66	96.46	163.66	145.53	551.88
\$290,000	9.86	9.86	13.78	21.17	33.06	51.62	89.76	99.91	169.51	150.73	571.59
\$300,000	10.20	10.20	14.25	21.90	34.20	53.40	92.85	103.35	175.35	155.93	591.30

\* Coverage amounts for ages 50 and over reduce due to Age Reduction (see Age Reduction Table).

## Spouse Semi-Monthly Rates

Coverage Amount	Employee Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	0.34	0.34	0.48	0.73	1.14	1.78	3.10	3.45	5.85	5.20	19.71
\$20,000	0.68	0.68	0.95	1.46	2.28	3.56	6.19	6.89	11.69	10.40	39.42
\$30,000	1.02	1.02	1.43	2.19	3.42	5.34	9.29	10.34	17.54	15.59	59.13
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\$80,000	2.72	2.72	3.80	5.84	9.12	14.24	24.76	27.56	46.76	41.58	157.68
\$90,000	3.06	3.06	4.28	6.57	10.26	16.02	27.86	31.01	52.61	46.78	177.39
\$100,000	3.40	3.40	4.75	7.30	11.40	17.80	30.95	34.45	58.45	51.98	197.10
\$110,000	3.74	3.74	5.23	8.03	12.54	19.58	34.05	37.90	64.30	57.17	216.81
\$120,000	4.08	4.08	5.70	8.76	13.68	21.36	37.14	41.34	70.14	62.37	236.52
\$130,000	4.42	4.42	6.18	9.49	14.82	23.14	40.24	44.79	75.99	67.57	256.23
\$140,000	4.76	4.76	6.65	10.22	15.96	24.92	43.33	48.23	81.83	72.77	275.94
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\$160,000	5.44	5.44	7.60	11.68	18.24	28.48	49.52	55.12	93.52	83.16	315.36
\$170,000	5.78	5.78	8.08	12.41	19.38	30.26	52.62	58.57	99.37	88.36	335.07
\$180,000	6.12	6.12	8.55	13.14	20.52	32.04	55.71	62.01	105.21	93.56	354.78
\$190,000	6.46	6.46	9.03	13.87	21.66	33.82	58.81	65.46	111.06	98.75	374.49
\$200,000	6.80	6.80	9.50	14.60	22.80	35.60	61.90	68.90	116.90	103.95	394.20
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\$230,000	7.82	7.82	10.93	16.79	26.22	40.94	71.19	79.24	134.44	119.54	453.33
\$240,000	8.16	8.16	11.40	17.52	27.36	42.72	74.28	82.68	140.28	124.74	473.04
\$250,000	8.50	8.50	11.88	18.25	28.50	44.50	77.38	86.13	146.13	129.94	492.75
\$260,000	8.84	8.84	12.35	18.98	29.64	46.28	80.47	89.57	151.97	135.14	512.46
\$270,000	9.18	9.18	12.83	19.71	30.78	48.06	83.57	93.02	157.82	140.33	532.17
\$280,000	9.52	9.52	13.30	20.44	31.92	49.84	86.66	96.46	163.66	145.53	551.88
\$290,000	9.86	9.86	13.78	21.17	33.06	51.62	89.76	99.91	169.51	150.73	571.59
\$300,000	10.20	10.20	14.25	21.90	34.20	53.40	92.85	103.35	175.35	155.93	591.30

\* Coverage amounts for ages 50 and over reduce due to Age Reduction (see Age Reduction Table).